

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9498</u>	2 Fiscal Year Covered From. <u>1</u> / <u>1</u> / <u>2009</u> Through <u>12</u> / <u>31</u> / <u>2009</u>
3 Name and address of person filing. Name <u>ANDREW</u> <u>ORLANDO</u> <u>ANDREW</u> <u>ORLANDO</u> P O Box, Bldg, Room No, if any _____ Street <u>12891 PENNMOORE DRIVE</u> City <u>BIRMINGHAM</u> State <u>MO</u> ZIP Code + 4 <u>63044</u>	4 Name, file number, and address of labor organization <u>LABORERS' INTERNATIONAL UNION</u> Name <u>OF NORTH AMERICA</u> <u>AFL-CIO</u> <u>LOCAL 33</u> Labor Organization File Number <u>017076</u> P O Box, Building and Room Number, if any _____ Street <u>12891 PENNMOORE DRIVE</u> City <u>BIRMINGHAM</u> State <u>MO</u> ZIP Code + 4 <u>63044</u>
5 Position in labor organization. <u>PRESIDENT AND BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any <u>N/A</u> P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income <u>N/A</u> 7 b Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-12-09
Date

314-269-0200
Telephone Number

Name of Person Filing

ANDREW ORLANDO

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

N/A

10. If 9 b. or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

N/A

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received.

N/A

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

1 SET OF 4 CARDINAL
BASEBALL TICKETS @ \$49 =
THESE TICKETS WERE EXCHANGED
AT A MEETING IN WHICH
MR. ORLANDO WAS ADVISED
ABOUT BANK C/D RATE
+ MATURITY ALTERNATIVES.

13 b Is the Business an Employer ☐or Consultant ☒ ?

14 b Amount of payment.

\$196.00

Name of Person Filing ANDREW M. LANDO	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any, <input type="text"/></p> <p>P.O. Box, Bldg, Room No, if any <input type="text" value="N/A"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No, if any <input type="text" value="N/A"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust N/A</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; text-align: center; vertical-align: middle;">N/A</div> <p>11 b Approximate dollar value of such dealing <input type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 80px; text-align: center; vertical-align: middle;">N/A</div> <p>12 b Amount <input type="text"/></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input type="text" value="MISSOURI VALLEY PARTNERS"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No, if any <input type="text"/></p> <p>Street <input type="text" value="135 N. MEANEEC"/></p> <p>City <input type="text" value="ST. LOUIS"/></p> <p>State <input type="text" value="MO"/> ZIP Code + 4 <input type="text" value="63101"/></p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; padding: 10px;"><p>4 - ST. LOUIS RAMS TICKETS @ \$65</p><p>THESE TICKETS WERE OBTAINED FROM THE INVESTMENT ADVISOR FOR "CONSTRUCTION LABORERS BENEFITS FUND", OF WHICH MR. LANDO IS A TRUSTEE</p></div> <p>14 b Amount of payment. <input type="text" value="260.00"/></p>

Name of Person Filing

ANDREW DALANDO

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Name

Trade Name, if any.

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

N/A

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

N/A

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

N/A

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

VALUE OF MEAL AT 3-18-04
APPRENTICESHIP BANQUET -
LOCAL 53 WAS REPRESENTED
BY MR. DALANDO TO GAIN
INFORMATION ABOUT THE
APPRENTICESHIP PROGRAM

13 b Is the Business an Employer

☒

or Consultant

☐

?

14 b Amount of payment.

\$33.89